

Exhibit 3

April 17, 2018

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IN THE UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF UTAH, CENTRAL DIVISION

* * *

MARTIN CROWSON,

)

)

Plaintiff,

)

Case No. 2:15-cv-00880

vs.

)

Deposition of:

WASHINGTON COUNTY,

)

et al.,

)

RYAN T. BORROWMAN

)

Defendants.

)

* * *

COPY

April 17, 2018

1:00 p.m.

WASHINGTON COUNTY TREASURER OFFICE
197 East Tabernacle Street
St. George, Utah

* * *

Linda Van Tassell
- Registered Diplomate Reporter -
Certified Realtime Reporter

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1 A. Yes, there's courses there that we take.
2 I don't remember specifically but we do touch on
3 psychological and behavioral problems during those
4 years.

5 Q. How about recognition of alcohol
6 withdrawal symptoms?

7 A. Yes. Both in my LPN and my RN year.
8 And then we would also review those I think in our
9 yearly trainings, I believe. I'm not 100 percent
10 sure but I know it was very highly -- it's a highly
11 discussed topic since we see so many people. I
12 don't know if it was inhouse or in our yearly
13 training.

14 Q. What yearly training did you do?

15 A. The county has yearly training. Just
16 staff training that they do.

17 Q. And you address alcohol withdrawal
18 symptoms specifically?

19 A. Not that I really -- I don't know that I
20 can recall exactly if it was specific or not.

21 Q. Do you recall if it was specific to
22 withdrawal from other types of drugs?

23 A. There was a section every year but maybe
24 I'm -- it seems like that's where it was at. I
25 can't recall exactly.

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1 A. No. That was pretty much the deciding
2 one.

3 Q. Are you familiar with the CIWA-AR scale
4 of alcohol withdrawal?

5 A. Yeah. I wouldn't be able to -- I've
6 encountered it. That was one of the scales that was
7 used when I was working at Brookstone but I didn't
8 commit it to memory. I wouldn't be able to recite
9 it back to you.

10 Q. Okay. All right. While you were
11 working at the jail did you ever record notes or
12 charts outside of CorEMR?

13 A. No, I didn't.

14 Q. And when you would make an entry into
15 CorEMR, was that your own account? You had a
16 password --

17 A. Yes.

18 Q. -- that would log you in?

19 A. Right.

20 Q. And if you entered a note, would it
21 automatically assign you as the person doing that?

22 A. Yes.

23 Q. Did it also automatically assign a date
24 and timestamp?

25 A. That was my understanding, although I

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1 Q. Nurses before they send anything out for
2 some kind of test like an x-ray --

3 A. Yes, they do.

4 Q. Was there an x-ray at the jail?

5 A. No. We had to send them to the
6 hospital.

7 Q. Was there any type of imaging capability
8 at the jail?

9 A. No. Not that I'm aware of.

10 Q. If you take a blood draw how would you
11 find the result of that?

12 A. We would send it to our lab and they
13 would send us the results.

14 Q. What are nurses authorized to do without
15 a doctor's order?

16 A. The whole nurse structure is you can do
17 a nursing assessment. We call it ADPI assessment.
18 It's been a while since I did that. You're
19 basically going through the same steps as a doctor
20 in assessing, evaluating, implementing and going
21 back and making sure that what is implemented
22 occurred.

23 You can do things like Gatorade if you
24 feel like the patient is dehydrated, if you feel
25 like the patient is -- there's nothing real medical,

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1 really, I guess. You're just going through and
2 doing an assessment to look for simple things that
3 they can discuss with them, how they could better
4 handle a situation. Just do some general things
5 like that. I don't know if that's very clear but --

6 Q. Clear as mud. So this ADPI, that's an
7 acronym?

8 A. Yes.

9 Q. A stands for assessment?

10 A. Uh-huh.

11 Q. The D stands for diagnosis?

12 A. Right. So you've got a nursing
13 diagnosis which is different than a doctor's
14 diagnosis.

15 Q. In what way is it difference?

16 A. For instance, dehydration, for example.
17 You don't necessarily have any supporting
18 documentation like a lab result. You can't order
19 lab results to be able to say a person is dehydrated
20 but if they tell you, "I'm thirsty. I haven't been
21 drinking a lot of water."

22 So my diagnosis of dehydration may
23 include talking to the doctor about it and getting a
24 medical order for IV or something, something that I
25 couldn't do as a nurse. But I could say, "Let's

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1 foundation. Incomplete hypothetical and calls for
2 speculation.

3 A. So in that situation I would always send
4 them to the hospital because they've got Doppler
5 ultrasound that they can find veins. So even there
6 I wouldn't say that we were limited because we have
7 an ER that was always available to us.

8 Q. And then the evaluation part of the ADPI
9 method, what does that entail?

10 A. You implement it. Sticking with the
11 blood pressure example, you're going to start
12 checking blood pressure and see if the blood
13 pressure starts to improve over the next day or two.
14 You're going to be tracking to see if what was
15 implemented is working. And, if it's not, you're
16 going to start over and start going through it. If
17 it's working, you're going to keep tracking it and
18 really kind of just goes from there. It doesn't
19 circle back around.

20 Q. You take a step back and you look and
21 see is what we're doing working?

22 A. Right.

23 Q. If not, what can we do different?

24 A. Right.

25 Q. How often should you in a shift or in a

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1 into any alcohol on that.

2 Q. It may take a little while longer to get
3 started.

4 A. Yeah.

5 Q. The heroin starts really quickly. Does
6 the heroin withdrawal end quicker than alcohol
7 withdrawal?

8 A. Not necessarily. Depends on the person.
9 Each person metabolizes the opioid. Now we're
10 getting into knowledge after.

11 Q. Okay. And that's fine. I am curious
12 about that so I want to --

13 A. Some people can take seven, eight, nine
14 days to clear the opioid out of their system.
15 Alcohol withdrawal, that one is a lot more
16 dangerous. Where no one really dies from opioid
17 withdrawal, you can die from alcohol withdrawal. So
18 normally, in my setting, if I suspected that someone
19 was going through opioid withdrawal, I would expect
20 eight to nine days.

21 For alcohol, depends on how quickly you
22 get the medication in. If you get medication
23 quickly, you can take them out of withdrawal pretty
24 quick. There again, depends on how the body
25 responds to the medication and you have to give it

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1 time the hospital actually saw him.

2 Q. Okay. You wrote down he was able to
3 verbalize multi-word answers.

4 A. Uh-huh.

5 Q. But physical movement is delayed.

6 A. Right.

7 Q. Describe what you think was a movement
8 that was delayed.

9 A. Describe, I'm not sure what -- let's say
10 I were to hand him a cup to take a drink. The hand
11 wouldn't just reach out and grab it. It would be
12 delayed. It was kind of slow motion to grab the
13 cup. I mean he was still answering, doing
14 appropriate things. Everything just seemed delayed,
15 as I recall. That part I don't remember as well as
16 I probably want to.

17 Q. There's nothing in here about his
18 vitals.

19 A. Yeah. So on that -- I do vitals on
20 rounds. With him I went in, saw the obvious
21 symptoms and immediately called the doctor because
22 they were severe enough, in my mind, that I just
23 wanted to get him out and over to the hospital.

24 Q. Why did you think they were severe?

25 A. Because he'd been there two days and on

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1 the third day is when I would have really had my red
2 flags up anyway. So I just thought through it and I
3 figured in that time let's talk to the doctor to
4 send him.

5 Q. So, in your mind, changed mental status
6 that's been going on for two days, that's a basis to
7 send him to the hospital.

8 A. Yes.

9 Q. Did you call Dr. Larrowe?

10 A. Yes, I did.

11 Q. And did you recommend to Dr. Larrowe
12 that he send the patient to the hospital?

13 A. I don't recall the exact conversation.
14 I would assume that's how it went. Normally, I just
15 call and say, "Hey, this patient is demonstrating
16 this. He's been there for a day or two. I'm
17 concerned. I'd like to get a second opinion on it."
18 And he would say, "Send him to the ER." I don't
19 recall the exact conversation, no.

20 Q. Did he hesitate at all to send him to
21 the ER?

22 A. He never does hesitate to send them
23 to -- my thoughts on Dr. Larrowe is that he always
24 errs on the side of caution, always. I can't recall
25 a single time that even with something simple that